

Program Legislative Budget

The following table summarizes the total legislative budget for the agency by year, type of expenditure, and source of funding.

Program Legislative Budget								
Budget Item	Base Budget Fiscal 2006	PL Base Adjustment Fiscal 2008	New Proposals Fiscal 2008	Total Leg. Budget Fiscal 2008	PL Base Adjustment Fiscal 2009	New Proposals Fiscal 2009	Total Leg. Budget Fiscal 2009	Total Leg. Budget Fiscal 08-09
FTE	176.01	0.00	8.00	184.01	0.00	8.00	184.01	184.01
Personal Services	7,959,560	1,408,699	852,449	10,220,708	1,441,404	1,291,817	10,692,781	20,913,489
Operating Expenses	13,328,288	167,328	1,821,277	15,316,893	197,747	1,529,494	15,055,529	30,372,422
Equipment	248,562	0	145,000	393,562	0	145,000	393,562	787,124
Grants	18,938,279	1,653,925	4,468,275	25,060,479	1,653,925	4,814,623	25,406,827	50,467,306
Benefits & Claims	12,090,717	(242,559)	876,548	12,724,706	(242,559)	1,082,714	12,930,872	25,655,578
Debt Service	0	0	0	0	0	0	0	0
Total Costs	\$52,565,406	\$2,987,393	\$8,163,549	\$63,716,348	\$3,050,517	\$8,863,648	\$64,479,571	\$128,195,919
General Fund	2,046,941	91,106	1,908,895	4,046,942	95,632	1,557,503	3,700,076	7,747,018
State/Other Special	11,123,452	252,458	5,421,398	16,797,308	269,793	6,102,084	17,495,329	34,292,637
Federal Special	39,395,013	2,643,829	833,256	42,872,098	2,685,092	1,204,061	43,284,166	86,156,264
Total Funds	\$52,565,406	\$2,987,393	\$8,163,549	\$63,716,348	\$3,050,517	\$8,863,648	\$64,479,571	\$128,195,919

Program Description

The purpose of the Public Health and Safety Division (PHSD) is to improve and protect the health and safety of Montanans. The division provides a wide range of preventive, emergency preparedness, and other public health services to individuals and communities. Services are provided through nearly 500 contracts with a broad range of private and public providers, including local and tribal public health departments, clinics, hospitals and other community-based organizations. Programs administered by the division include, but are not limited to:

1. Clinical and environmental laboratory services;
2. Women's, Infants and Children's Special Nutrition Program (WIC);
3. Maternal and child public health services;
4. Children's special health services;
5. Immunization Programs;
6. STD/HIV prevention;
7. Food and consumer safety;
8. Emergency medical services;
9. Family planning;
10. Chronic and communicable disease prevention; and
11. Public health emergency preparedness.

Statutory authority for public health functions is in Title 50, MCA, including local public health activities. Rules concerning public health programs are in Title 37 of the Administrative Rules of Montana. Specific citations include: Maternal and Child Health Title 50, Chapter 1 and Chapter 19, MCA, and Title V of the Social Security Act; Family Planning Title X of the federal Public Health Service Act and 42 CFR, Subpart A, Part 59; WIC Public Law 95-627, Child Nutrition Act of 1966, and 7CFR part 246.

Program Highlights

Public Health and Safety Division Major Budget Highlights	
Total funds increase \$21.8 million over the biennium compared to the doubled FY 2006 base budget:	
◆	\$3.6 million general fund increases for new proposals for HIV treatment, state laboratory infrastructure, WIC IT updates, and family planning services
◆	\$11.8 million in state special revenue increases mainly for new proposals for tobacco prevention activities including chronic disease programs, new born screening follow-up, and home visits for at-risk pregnant women and infants
◆	\$6.4 million in federal categorical grants, the largest for bioterrorism federal grants adding \$3.6 million in federal funds

Program Narrative

The Public Health and Safety Division (PHSD) FY 2008 budget is approximately \$11.1 million higher than the FY 2006 base budget, and the FY 2009 budget request is about \$11.9 million higher. Of these totals, \$7.4 million is federal funds, \$12.0 million is state special revenue funds, and \$3.6 million is general fund. Not quite a fourth (\$6 million) of the increases are present law base adjustments with the remaining three fourths (\$15.8 million) due to new proposals. Approximately \$6.5 million of the increases add appropriation authority for anticipated increases in federal categorical grants. The most significant of these relates to pandemic flu preparation and response, \$3.6 million over the biennium.

General fund increases \$3.6 million over the biennium. About \$186,000 is to support present law base adjustments and \$3.4 million is for new proposals. The most significant general fund new proposals are:

- \$790,000 annually for grants to county health boards in counties with a proliferation of tremolite asbestos-related diseases
- \$537,000 annually for grants to family planning clinics to assist in higher contraceptive costs
- \$150,000 annually for additional HIV treatment for diagnosed individuals requiring medication
- \$45,000 annually to support state laboratory infrastructure
- \$75,000 in FY 2008 to support rural public health development projects
- \$290,000 in FY 2008 for WIC database maintenance and updates

State special revenue supports about \$525,000 in present law base adjustments and \$11.5 million in new proposals. Increases for new proposals include:

- \$4.4 million annually in tobacco prevention activities
- \$480,000 annually in support for the Genetics Program
- \$420,000 over the biennium for new born screening follow-up programs
- \$200,000 annually for increased home visits for at-risk pregnant women and infants
- \$100,000 annually to support state laboratory infrastructure
- \$60,000 annually to allow Food and Consumer Safety to recover costs associated with inspections performed by PHSD employees.

Federal special revenue supports about \$5.3 million in present law base adjustments, \$3.6 million for increases related to funding for pandemic flu preparedness, and \$2.0 million in new proposals. New proposals include support for a suicide prevention grant targeting youth and funding for a food network grant.

Summary of Major Programs by Function

Figure 29 shows the FY 2006 base budget expenditures compared to the 2009 biennium legislative budget by function of PHSD.

Figure 29 FY 2006 Base Budget Expenditures Compared to the 2009 Biennium															
Major Function	Genl Fund	FY 2006 Base Budget			% of	FY 2008 Executive Request				% of	FY 2009 Executive Request				% of
Grants and Benefits		SSR	Federal	Total	Total	Genl Fund	SSR	Federal	Total	Total	Genl Fund	SSR	Federal	Total	Total
<u>Major Function</u>															
Division Administration	\$185,546	\$239,435	\$1,112,112	\$1,537,093	2.92%	1,090,199	335,343	1,466,604	2,892,146	4.54%	1,029,752	426,984	1,803,993	3,260,729	5.06%
Chronic Disease Prev/Hlth Prom	564,626	6,706,241	6,483,818	13,754,685	26.17%	597,989	11,176,567	6,961,404	18,735,960	29.41%	599,084	11,177,419	6,970,759	18,747,262	29.07%
Family & Community Health	589,760	959,517	18,061,337	19,610,614	37.31%	1,388,877	1,488,722	18,936,319	21,813,918	34.24%	1,099,174	1,679,361	18,982,472	21,761,007	33.75%
Communicable Disease Prev.	514,164	744,518	4,023,841	5,282,523	10.05%	721,755	896,128	4,110,997	5,728,880	8.99%	723,176	1,297,981	4,117,758	6,138,915	9.52%
Laboratories	172,695	2,465,337	422,349	3,060,381	5.82%	226,733	2,826,627	494,846	3,548,206	5.57%	227,464	2,839,648	497,083	3,564,195	5.53%
Pub Health Sys Improvement/ Emergency Preparedness	20,150	8,404	9,291,556	9,320,110	17.73%	21,389	73,921	10,901,928	10,997,238	17.26%	21,426	73,936	10,912,101	11,007,463	17.07%
Total Division Budget	<u>\$2,046,941</u>	<u>\$11,123,452</u>	<u>\$39,395,013</u>	<u>\$52,565,406</u>	100.00%	<u>\$4,046,942</u>	<u>\$16,797,308</u>	<u>\$42,872,098</u>	<u>\$63,716,348</u>	100.00%	<u>\$3,700,076</u>	<u>\$17,495,329</u>	<u>\$43,284,166</u>	<u>\$64,479,571</u>	100.00%
Percent of Total	3.89%	21.16%	74.94%	100.00%		6.35%	26.36%	67.29%	100.00%		5.74%	27.13%	67.13%	100.00%	
<u>Grants</u>															
Women, Infants and Children	0	0	3,675,344	3,675,344		0	0	3,675,344	3,675,344		0	0	3,675,344	3,675,344	
Emergency Systems Preparedness	0	0	5,156,574	5,156,574		0	0	6,756,574	6,756,574		0	0	6,756,574	6,756,574	
Women and Men's Health	0	0	2,022,858	2,022,858		536,523	0	2,022,858	2,559,381		536,523	0	2,022,858	2,559,381	
Maternal/Child Health Gmt	0	0	572,852	572,852		0	0	972,852	972,852		0	0	972,852	972,852	
Tobacco Control and Prevention	0	3,486,163	0	3,486,163		0	4,254,263	0	4,254,263		0	4,254,263	0	4,254,263	
Diabetes and CVH Control	0	425,223	0	425,223		0	1,700,000	0	1,700,000		0	1,700,000	0	1,700,000	
AIDS Prevention/Treatment	0	0	1,147,107	1,147,107		0	0	1,147,107	1,147,107		0	0	1,147,107	1,147,107	
Genetics Program	0	793,333	0	793,333		0	1,030,290	0	1,030,290		0	1,038,678	0	1,038,678	
Cancer Control	0	0	793,210	793,210		0	0	905,210	905,210		0	0	905,210	905,210	
Food/Consumer Safety	0	655,527	0	655,527		0	715,527	0	715,527		0	715,527	0	715,527	
Asbestos Grants	0	0	0	0		750,000	0	0	750,000		750,000	0	0	750,000	
Immunization	0	0	303,778	303,778		0	0	303,778	303,778		0	400,000	303,778	703,778	
MIAMI - Low Birthweight Preventiv	<u>2,461</u>	<u>0</u>	<u>0</u>	<u>2,461</u>		<u>2,461</u>	<u>178,652</u>	<u>0</u>	<u>181,113</u>		<u>2,461</u>	<u>200,000</u>	<u>0</u>	<u>202,461</u>	
Subtotal Grants	<u>\$2,461</u>	<u>\$5,360,246</u>	<u>\$13,671,723</u>	<u>\$19,034,430</u>		<u>\$1,288,984</u>	<u>\$7,878,732</u>	<u>\$15,783,723</u>	<u>\$24,951,439</u>		<u>\$1,288,984</u>	<u>\$8,308,468</u>	<u>\$15,783,723</u>	<u>\$25,381,175</u>	
Percent of Total Grants	0.01%	28.30%	72.19%	100.51%		6.06%	37.03%	74.18%	99.56%		6.08%	39.19%	74.44%	99.90%	
% of Total Division Budget	0.00%	10.20%	26.01%	36.21%		2.02%	12.37%	24.77%	39.16%		2.00%	12.89%	24.48%	39.36%	
<u>Benefits</u>															
Women, Infants and Children	\$0	\$0	\$8,417,852	\$8,417,852		\$0	\$0	\$8,417,852	\$8,417,852		\$0	\$0	\$8,417,852	\$8,417,852	
% of Total Division Budget	0.00%	0.00%	16.01%	16.01%		0.00%	0.00%	13.21%	13.21%		0.00%	0.00%	13.06%	13.06%	

Division administration is responsible for the overall management of PHSD. Its budget accounts for 5 percent of the total FY 2009 biennial budget for the division. The majority of the division administrative budget functions are cost allocated among all division subprogram functions. The Libby asbestos screening project is managed in the division administration program and is funded using general fund and federal grant funds. The program's budget increases \$1.4 million in FY 2008 and \$1.7 million in FY 2009. \$1.5 million of the increase is general fund for grants to county health boards in counties with a proliferation of tremolite asbestos-related diseases. It is anticipated that the majority of these grants will be made to the Lincoln County Health Department in Libby. \$1.2 million of the increase is for pay plan increases approved in HB 13 of the 2007 regular session. \$75,000 of the increase in FY 2008 is general fund for a rural public health development project to address public health emergency preparedness in rural areas of the state. The remainder of the division administration increase is for statewide present law adjustments.

The Chronic Disease Prevention and Health Promotion Bureau budget is about 29 percent of the total 2009 biennium division legislative budget, increasing \$5.0 million annually. The bureau administers tobacco prevention and control, diabetes control, obesity prevention, breast and cervical cancer control and screening, and tumor registry programs. The majority of the increases are for new proposals associated with tobacco prevention activities funded through increased tobacco settlement funds. HB 743 added chronic disease programs to the definition of programs for tobacco disease prevention. The addition aligns the uses of the tobacco settlement funds with the recommendations included by the Centers for Disease Control and Prevention in Best Practices for Comprehensive Tobacco Control Programs – August 1999. The legislature approved \$2.7 million each year of the biennium to provide support for primary prevention of diabetes and heart disease, improvement of acute stroke care in rural Montana, comprehensive cancer control, and asthma surveillance and control. The legislature also approved an additional \$1.7 million each year to increase community based efforts to prevent tobacco use, establish new college campus tobacco prevention programs, and implement a statewide public education campaign on spit tobacco use and the benefits of tobacco cessation during pregnancy. The majority of the remaining increases are present law adjustments, with 80 percent of the increase funded through federal categorical grant increases.

The Family and Community Health Bureau is 34 percent of the total division 2009 biennium budget. The major programs in this bureau include women, infants, and children nutrition (WIC), women's and men's health, MIAMI, children's special health, newborn health screening, and genetics. This bureau also administers contracts with local governments and contractors that provide maternal and child health services funded by the maternal and child health grant. The budget increases \$2.2 million over the FY 2006 base budget amount in FY 2008 and \$2.2 million in FY 2009. The most significant increases result from new proposals which include:

- \$1.1 million restricted one-time-only general fund to support funding for family planning services relating to contraceptive cost increases
- \$400,000 federal revenue annually for a youth suicide prevention grant
- \$420,000 state special revenue and \$112,000 federal special revenue over the biennium for newborn screening follow-up
- \$200,000 state special revenue annually for increased MIAMI funding to assist high-risk pregnant women and infants
- \$290,000 general fund in FY 2008 to program the WIC computer system until the new federal system becomes operational
- \$480,000 state special revenue annually for the Genetics Program

Communicable Disease Control and Prevention Bureau is about 9 percent of the total division budget. Major responsibilities in the bureau include food and consumer safety, tuberculosis control, immunization, sexually transmitted disease, and AIDS prevention. Major increases in this portion of the budget include:

- \$150,000 general fund annually to reduce the waiting list for HIV drug assistance
- \$400,000 state special revenue in FY 2009 for human papillomavirus (HPV) vaccine
- \$60,000 state special revenue annually for increased pool inspection fees and plan reviews

Laboratory functions are 5.5 percent of the division budget and include both the environmental and public health laboratories and the biomonitoring function. Significant changes to the budget include:

- \$45,000 general fund annually for laboratory infrastructure
- \$100,000 state special revenue annually for laboratory infrastructure
- \$130,000 state special revenue annually for increased laboratory testing
- \$50,000 federal revenue annually for the Food Emergency Response Network

The public health system improvement and emergency preparedness function is 17 percent of the total 2009 biennium budget. Changes over the base budget are due to statewide present law adjustments and other present law adjustments for increased federal revenue relating to pandemic flu preparedness and a reduction for loss of the environmental public health tracking grant.

Over 59 percent (\$31 million) of the FY 2006 base budget expenditures supported grants to local agencies or governments and services (benefits) to individuals, 59 percent of the 2009 biennium budget also supports grants and services. The largest component of these expenditures is for the WIC program, with a combined total of \$12 million in grants and benefits each year of the biennium. The WIC program provides vouchers for food for low-income children under age 5 and for nursing mothers.

Emergency preparedness grants to local governments and hospitals account for the next largest grant source with \$6.8 million included each year of the biennium. Pandemic flu preparedness increases these grants by \$1.6 million annually.

Tobacco control and prevention are the third highest grant expenditures with \$4.2 million each year of the 2009 biennium. The program grants funds to county, tribal, and urban Indian community-base programs, Addictions and Mental Disorders Division, Office of Public Instruction, and the Montana University System to address issues associated with tobacco use prevention and cessation.

Funding

The following table shows program funding, by source, for the base year and for the 2009 biennium as adopted by the legislature.

Program Funding Table Public Health & Safety D						
Program Funding	Base FY 2006	% of Base FY 2006	Budget FY 2008	% of Budget FY 2008	Budget FY 2009	% of Budget FY 2009
01000 Total General Fund	\$ 2,046,941	3.9%	\$ 4,046,942	6.4%	\$ 3,700,076	5.7%
01100 General Fund	2,046,941	3.9%	4,046,942	6.4%	3,700,076	5.7%
02000 Total State Special Funds	11,123,452	21.2%	16,797,308	26.4%	17,495,329	27.1%
02011 Read Well Be Well	-	-	12,897	0.0%	29,240	0.0%
02199 Dhes Food & Consumer	119	0.0%	134	0.0%	134	0.0%
02366 Public Health Laboratory	2,465,337	4.7%	2,870,724	4.5%	2,939,720	4.6%
02379 02 Indirect Activity Prog 07	239,435	0.5%	272,222	0.4%	284,101	0.4%
02462 Food/Lodging License	744,399	1.4%	900,296	1.4%	907,590	1.4%
02512 Brfs Survey Fees	8,404	0.0%	73,921	0.1%	73,936	0.1%
02544 6901-Welch'S Cost Relief Gran	4,020	0.0%	4,063	0.0%	4,064	0.0%
02765 Fees On Insurance Policies - Sb 275	828,093	1.6%	1,045,928	1.6%	1,054,719	1.6%
02772 Tobacco Hlth & Medicd Initiative	25,000	0.0%	25,685	0.0%	25,766	0.0%
02773 Childrens Special Health Services	102,404	0.2%	106,697	0.2%	108,640	0.2%
02790 6901-Statewide Tobacco Sttlmnt	6,706,241	12.8%	11,176,567	17.5%	11,177,419	17.3%
02987 Tobacco Interest	-	-	308,174	0.5%	890,000	1.4%
03000 Total Federal Special Funds	39,395,013	74.9%	42,872,098	67.3%	43,284,166	67.1%
03004 Ems Data Injury	95,092	0.2%	100,788	0.2%	102,304	0.2%
03020 Ph Workforce Development	37,462	0.1%	62,408	0.1%	64,259	0.1%
03026 Family Planning Title X	2,255,442	4.3%	2,287,941	3.6%	2,303,075	3.6%
03027 Wic (Women,Infants & Children)	13,085,180	24.9%	13,228,885	20.8%	13,258,381	20.6%
03030 Health Prevention & Services	761,522	1.4%	837,447	1.3%	846,807	1.3%
03031 Maternal & Child Health	2,051,383	3.9%	2,318,839	3.6%	2,357,463	3.7%
03057 Newborn Hearing Screening	81,321	0.2%	100,673	0.2%	103,599	0.2%
03074 Obesity Prevention	447,623	0.9%	478,065	0.8%	485,860	0.8%
03085 Yth/Yng Adult Suicide Prv 93.243	-	-	400,000	0.6%	400,000	0.6%
03146 10.577 Wic Bf Peer Counseling	20,783	0.0%	21,004	0.0%	21,008	0.0%
03150 Wic Cdc Surveillance	10,593	0.0%	10,706	0.0%	10,708	0.0%
03154 Office Of Women'S Health	2,010	0.0%	2,027	0.0%	2,028	0.0%
03159 Tuberculosis Grant	144,750	0.3%	139,571	0.2%	142,115	0.2%
03208 Abstinence Education Blk Grant	60,488	0.1%	69,884	0.1%	69,963	0.1%
03258 Diabetes Control	611,660	1.2%	653,231	1.0%	663,874	1.0%
03273 Primary Care Services	108,045	0.2%	116,896	0.2%	119,857	0.2%
03274 Ryan White Act, Title Ii	787,685	1.5%	799,902	1.3%	806,819	1.3%
03336 Food Inspection Program	58,581	0.1%	54,387	0.1%	54,507	0.1%
03357 Healthy Child	16,616	0.0%	19,197	0.0%	19,219	0.0%
03362 Data Integration	45,868	0.1%	52,993	0.1%	53,053	0.1%
03368 Trauma System Development	28,557	0.1%	30,591	0.0%	30,980	0.0%
03370 Epi & Lab Surveillance E. Coli	377,056	0.7%	467,767	0.7%	474,115	0.7%
03383 Search Grant	180,494	0.3%	193,799	0.3%	196,895	0.3%
03429 Birth Defects Surveillance	6,886	0.0%	8,275	0.0%	8,285	0.0%
03448 6901-Early Childhood Comp Sys	41,673	0.1%	48,146	0.1%	48,201	0.1%
03451 69010-Cdp For Brfs	290,764	0.6%	387,217	0.6%	394,318	0.6%
03461 6901- Childrens Oral Hlth Care	67,120	0.1%	77,546	0.1%	77,634	0.1%
03583 93.778 - Med Ben Fmap	-	-	37,410	0.1%	74,710	0.1%
03596 03 Indirect Activity Prog 07	737,863	1.4%	828,630	1.3%	864,276	1.3%
03681 6901-Mt Fd Safe Adv Cncl93.103	38,103	0.1%	90,097	0.1%	90,258	0.1%
03683 6901-Biomonitoring	104,669	0.2%	111,992	0.2%	114,762	0.2%
03686 6901-Adult Lead	9,631	0.0%	10,815	0.0%	10,840	0.0%
03689 6901-Bioter Hosp Preparedness	2,480,078	4.7%	2,591,433	4.1%	2,610,874	4.0%
03690 6901-Rape Prev & Educ 93.126	116,031	0.2%	111,901	0.2%	113,966	0.2%
03697 6901-Cardiovascular Hlth Prgm	1,013,638	1.9%	1,082,115	1.7%	1,099,180	1.7%
03698 6901-Ems Prev Fire Related Inj	119,828	0.2%	128,640	0.2%	130,538	0.2%
03706 6901-Environmentl Hlth Trackng	555,725	1.1%	-	-	-	-
03708 6901-Libby Asbestos Screening	374,249	0.7%	386,222	0.6%	391,916	0.6%
03709 6901-Rural Access Emerg Device	188,063	0.4%	202,117	0.3%	205,313	0.3%
03711 6901-Breast & Cervical Cancer	2,099,930	4.0%	2,299,570	3.6%	2,326,746	3.6%
03712 6901-Cancer Registries 93.283	208,987	0.4%	222,922	0.3%	225,521	0.3%
03713 6901-Wic Farmer Market 10.572	37,926	0.1%	38,328	0.1%	38,336	0.1%
03788 Montana Disability And Health Progr	255,454	0.5%	255,454	0.4%	255,454	0.4%
03822 Tobacco Control	1,038,659	2.0%	1,064,046	1.7%	1,082,698	1.7%
03929 Seroprevalence/Surveillance	49,249	0.1%	49,684	0.1%	49,722	0.1%
03936 Vaccination Program	953,960	1.8%	962,783	1.5%	982,580	1.5%
03937 Std Program	230,679	0.4%	258,968	0.4%	264,769	0.4%
03938 Aids Fed. Cat. #13.118	1,435,596	2.7%	1,454,440	2.3%	1,465,001	2.3%
03959 Bioterrorism	5,529,240	10.5%	7,451,905	11.7%	7,505,006	11.6%
03979 Comprehensive Cancer Control	142,801	0.3%	264,441	0.4%	266,373	0.4%
Grand Total	\$ 52,565,406	100.0%	\$ 63,716,348	100.0%	\$ 64,479,571	100.0%

PHSD is funded by a combination of general fund, state special revenue, and federal funds. General fund supports about six percent of the budget. State special revenue is 27 percent of 2009 budget and federal revenue makes up 67 percent of the division's budget.

General fund supports the MIAMI program (\$700,000 annually), public health laboratory, AIDS prevention and control, food and consumer safety, tumor registry, communicable disease, family planning services, grants to county health boards for asbestos related illnesses, and division administration functions.

State special revenue increases from 21 percent of the FY 2006 base budget to 27 percent in the 2009 biennium. Major state special revenue sources include:

- Tobacco settlement funds at \$11.2 million in both years of the biennium, a total increase of \$8.9 million
- Public and environmental laboratory service fees
- Fees paid to license restaurants and lodging facilities

There are almost 50 funding sources listed in the division funding table, including 2 federal block grants and more than 40 categorical grants that each have explicit programmatic and expenditure requirements. In most cases the purpose of the grant can be determined from its name.

The largest federal grant funds the WIC program, which accounts for \$13.1 million of the FY 2006 base budget and \$13.2 million of the FY 2008 and FY 2009 budget. Federal funds supporting emergency preparedness activities are the next significant federal grant funds source, accounting for 17 percent of the budgeted federal funds and increasing \$1.9 million each year from the FY 2006 base budget for pandemic flu preparedness.

Two federal block grants account for about 7.4 percent of the PHSD 2009 biennium budget for federal appropriation authority. They are the maternal child health (MCH) block grant (\$2.3 million annually) and the preventative health block grant (\$0.8 million annually). These block grants support a variety of PHSD functions and are both allocated in consultation with division advisory councils. As a result, the allocation is usually somewhat different than anticipated in the budget.

Biennial Comparison

Figure 30 shows the 2007 biennium compared to the 2009 legislative budget for PHSD. The 2009 biennial budget is 15 percent higher than the 2007 biennium, with increases in all categories but benefits/claims and debt service.

Grants show the largest funding increase, in part due to pandemic flu preparedness grants to local governments and increases in tobacco prevention grants to schools and local governments. Personal services also increase significantly with statewide present law adjustments and pay plan increases included in House Bill 13 of the 2007 regular session.

Budget Item/Fund	2007 Biennium	2009 Biennium	Percent of Total	Change	Percent of Total
FTE	176.01	184.01		8	5%
Personal Services	\$16,986,204	\$20,913,489	16%	\$3,927,285	23%
Operating	28,191,488	30,372,422	24%	2,180,934	8%
Equipment	380,911	787,124	1%	406,213	107%
Grants	39,726,879	50,467,306	39%	10,740,427	27%
Benefits/Claims	25,740,774	25,655,578	20%	(85,196)	0%
Debt Service	37,587	0	0%	(37,587)	-100%
Total Costs	<u>\$111,063,843</u>	<u>\$128,195,919</u>	100%	<u>\$17,132,076</u>	15%
General Fund	4,173,774	7,747,018	6%	3,573,244	86%
State Special	22,709,932	34,292,637	27%	11,582,705	51%
Federal Funds	84,180,137	86,156,264	67%	1,976,127	2%
Total Funds	<u>\$111,063,843</u>	<u>\$128,195,919</u>	100%	<u>\$17,132,076</u>	15%

Federal funds support 67 percent of the 2009 legislative budget, increasing \$2.0 million when compared to the 2007 biennium. State special revenue supports 27 percent of the budget and increases 51 percent due to increases in tobacco settlement funding. General fund comprises 6 percent of the budget. However, it increases 86 percent when compared to the 2007 biennium for new proposals including support for family planning services, grants to county health boards in counties with a proliferation of tremolite asbestos-related diseases, HIV treatment, laboratory infrastructure, rural public health development project, and WIC database maintenance and updates.

Present Law Adjustments

The "Present Law Adjustments" table shows the primary changes to the adjusted base budget approved by the legislature. "Statewide Present Law" adjustments are standard categories of adjustments made to all agencies. Decisions on these items were applied globally to all agencies. The other numbered adjustments in the table correspond to the narrative descriptions.

Present Law Adjustments										
-----Fiscal 2008-----					-----Fiscal 2009-----					
FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds	
Personal Services				1,799,036						1,833,112
Vacancy Savings				(390,337)						(391,708)
Inflation/Deflation				14,762						16,732
Fixed Costs				91,022						118,698
Total Statewide Present Law Adjustments				\$1,514,483						\$1,576,834
DP 6015 - State Motor Pool Rate Change	0.00	(119)	(154)	(695)	(968)	0.00	(77)	(151)	(770)	(998)
DP 70011 - Increase Spending Authority for Laboratory	0.00	0	130,000	0	130,000	0.00	0	130,000	0	130,000
DP 70015 - Public Health Emergency Preparedness	0.00	0	0	1,800,000	1,800,000	0.00	0	0	1,800,000	1,800,000
DP 70018 - BRFSS Spending Authority Increase	0.00	0	0	40,000	40,000	0.00	0	0	40,000	40,000
DP 70021 - Montana Comprehensive Cancer Control Program MCCCCP	0.00	0	0	112,000	112,000	0.00	0	0	112,000	112,000
DP 70023 - BRFSS-02 Fee Account Continued Spending Authority	0.00	0	65,000	0	65,000	0.00	0	65,000	0	65,000
DP 70101 - Reduce Budget for Environmental Pub Hlth Tracking	0.00	0	0	(430,563)	(430,563)	0.00	0	0	(429,760)	(429,760)
DP 70104 - Reduce Base Level Funding For Genetics Program	0.00	0	(242,559)	0	(242,559)	0.00	0	(242,559)	0	(242,559)
Total Other Present Law Adjustments	0.00	(\$119)	(\$47,713)	\$1,520,742	\$1,472,910	0.00	(\$77)	(\$47,710)	\$1,521,470	\$1,473,683
Grand Total All Present Law Adjustments				\$2,987,393						\$3,050,517

New Proposals

New Proposals										
Program	FTE	Fiscal 2008				FTE	Fiscal 2009			
		General Fund	State Special	Federal Special	Total Funds		General Fund	State Special	Federal Special	Total Funds
DP 6013 - 2009 Biennium Pay Plan - HB 13										
07	0.00	20,047	71,321	279,479	370,847	0.00	42,147	161,705	612,426	816,278
DP 6014 - Retirement Employer Contributions - HB 131										
07	0.00	596	2,287	7,287	10,170	0.00	634	2,375	7,533	10,542
DP 70002 - Ongoing Lab Equipment Replace & Maintenance (OTO)										
07	0.00	45,000	100,000	0	145,000	0.00	45,000	100,000	0	145,000
DP 70003 - WIC IT System Maintenance (BIEN/OTO)										
07	0.00	290,000	0	0	290,000	0.00	0	0	0	0
DP 70005 - Newborn Screening Follow-Up Program (Requires Legislation)										
07	0.00	0	129,522	37,410	166,932	0.00	0	290,000	74,710	364,710
DP 70007 - HIV Treatment Funding Request										
07	0.00	150,000	0	0	150,000	0.00	150,000	0	0	150,000
DP 70013 - Food Emergency Response Network Grant										
07	0.00	0	0	50,000	50,000	0.00	0	0	50,000	50,000
DP 70014 - Youth Suicide Prevention Program										
07	0.00	0	0	400,000	400,000	0.00	0	0	400,000	400,000
DP 70016 - FCSS Spending Authority for Pool Inspections (Requires Legislation)										
07	0.00	0	60,000	0	60,000	0.00	0	60,000	0	60,000
DP 70017 - FTE Request for MT Breast & Cervical Health Prg										
07	1.00	0	0	59,080	59,080	1.00	0	0	59,392	59,392
DP 70023 - Family Planning Services (Restricted/OTO)										
07	0.00	536,523	0	0	536,523	0.00	536,523	0	0	536,523
DP 70024 - Genetics Program Funding										
07	0.00	0	279,616	0	279,616	0.00	0	288,004	0	288,004
DP 70103 - Tobacco Trust Fund Sup for Pblc Hlth Home Visits										
07	0.00	0	178,652	0	178,652	0.00	0	200,000	0	200,000
DP 70105 - Rural Public Health Development Project										
07	0.00	75,000	0	0	75,000	0.00	0	0	0	0
DP 70106 - Tobacco Prevention Activities										
07	2.00	0	1,700,000	0	1,700,000	2.00	0	1,700,000	0	1,700,000
DP 70109 - Chronic Disease Programs										
07	5.00	0	2,700,000	0	2,700,000	5.00	0	2,700,000	0	2,700,000
DP 70110 - HPV Vaccine (Restricted/OTO)										
07	0.00	0	0	0	0	0.00	0	400,000	0	400,000
DP 70111 - Additional Genetic Program Funding (Restricted)										
07	0.00	0	200,000	0	200,000	0.00	0	200,000	0	200,000
DP 70112 - Grants to County Health Boards in Counties w/ Asb										
07	0.00	791,729	0	0	791,729	0.00	783,199	0	0	783,199
Total	8.00	\$1,908,895	\$5,421,398	\$833,256	\$8,163,549	8.00	\$1,557,503	\$6,102,084	\$1,204,061	\$8,863,648

Language

The legislature approved the following language for inclusion in HB 2 of the May 2007 special session:

"Tobacco Prevention Activities includes \$90,000 each year of the biennium for each of the seven Montana tribes. The funding must be used for tribal tobacco use prevention programs that meet the same requirements as other community-based contactors providing tobacco use prevention programs.

Included in Division Administration/Reporting is \$200 in general fund money each year for a semiannual report to the legislative finance committee and the children, families, health, and human services interim committee for the following:

(1) progress towards the goals presented to the joint appropriations subcommittee on health and human services in the division's final template; and

(2) attainment of measurable objectives as outlined in the division's final template presented to the joint appropriations subcommittee on health and human services.

If the reports are not received by the legislative finance committee on December 31, 2007, and June 30, 2008, the fiscal year 2009 general fund appropriation is reduced by \$200.

Funding for Asbestos-Related Diseases Administration includes funding for an annual report to the children, families, health, and human services interim committee on the number of participants assisted through the grant program, the amount of funding needed by each participant, and the estimated funding needed to pay future costs of participants."

The Governor struck the language concerning Division Administration/Reporting and Asbestos-Related Diseases Administration when he signed HB 2 for the May 2007 special session.

Sub-Program Details

PUBLIC HEALTH & SAFETY DIVISION 01

Sub-Program Legislative Budget

The following table summarizes the total legislative budget for the agency by year, type of expenditure, and source of funding.

Sub-Program Legislative Budget								
Budget Item	Base Budget Fiscal 2006	PL Base Adjustment Fiscal 2008	New Proposals Fiscal 2008	Total Leg. Budget Fiscal 2008	PL Base Adjustment Fiscal 2009	New Proposals Fiscal 2009	Total Leg. Budget Fiscal 2009	Total Leg. Budget Fiscal 08-09
FTE	18.00	0.00	0.00	18.00	0.00	0.00	18.00	18.00
Personal Services	1,150,754	106,361	422,746	1,679,861	110,448	860,019	2,121,221	3,801,082
Operating Expenses	182,697	946	0	183,643	3,169	0	185,866	369,509
Grants	0	0	825,000	825,000	0	750,000	750,000	1,575,000
Benefits & Claims	203,642	0	0	203,642	0	0	203,642	407,284
Total Costs	\$1,537,093	\$107,307	\$1,247,746	\$2,892,146	\$113,617	\$1,610,019	\$3,260,729	\$6,152,875
General Fund	185,546	17,281	887,372	1,090,199	18,226	825,980	1,029,752	2,119,951
State/Other Special	239,435	22,300	73,608	335,343	23,469	164,080	426,984	762,327
Federal Special	1,112,112	67,726	286,766	1,466,604	71,922	619,959	1,803,993	3,270,597
Total Funds	\$1,537,093	\$107,307	\$1,247,746	\$2,892,146	\$113,617	\$1,610,019	\$3,260,729	\$6,152,875

The 2009 biennium budget for the Public Health and Safety Division administration function is cost allocated among the other division functions managed by PHSD. Statewide present law adjustments for personal services show a 10 percent increase over the personal services base budget amount. About \$86,000 is attributable to annualization of the pay plan approved in HB 447 by the 2005 Legislature. The remaining \$72,000 is due to restoration of funding for base year vacancies and salary or pay grade adjustments not funded in the pay plan.

New proposals for this bureau include the pay plan increases included in HB 13 of the 2007 regular session which increase the total funds authority by \$370,847 in FY 2008 and \$816,278 in FY 2009. The funding for pay plan increases for the entire division is included in this function, and will be allocated to the various funding sources and functions by division fiscal staff.

The legislature provided one-time-only general fund support for grants to county health boards with a proliferation of tremolite asbestos-related diseases. Funding from W.R. Grace and Company to assist residents of the Libby Troy area affected by tremolite asbestos is anticipated to be fully used sometime in FY 2008. Due to the uncertainty of additional funding from W.R. Grace and Company or federal assistance the legislature provided funding in this biennium. Included as part of the funding is a requirement for the division to report on the number of people requiring assistance, the amount of assistance received, and the anticipated costs of assistance to residents affected by asbestos related diseases.

Present Law Adjustments

The "Present Law Adjustments" table shows the primary changes to the adjusted base budget approved by the legislature. "Statewide Present Law" adjustments are standard categories of adjustments made to all agencies. Decisions on these items were applied globally to all agencies. The other numbered adjustments in the table correspond to the narrative descriptions.

Present Law Adjustments										
-----Fiscal 2008-----					-----Fiscal 2009-----					
	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
Personal Services					158,739					162,999
Vacancy Savings					(52,378)					(52,551)
Inflation/Deflation					292					330
Fixed Costs					1,622					3,837
Total Statewide Present Law Adjustments					\$108,275					\$114,615
DP 6015 - State Motor Pool Rate Change	0.00	(119)	(154)	(695)	(968)	0.00	(77)	(151)	(770)	(998)
Total Other Present Law Adjustments	0.00	(\$119)	(\$154)	(\$695)	(\$968)	0.00	(\$77)	(\$151)	(\$770)	(\$998)
Grand Total All Present Law Adjustments					\$107,307					\$113,617

DP 6015 - State Motor Pool Rate Change - The funding for vehicle rentals and leases from the State Motor Pool was reduced from the level requested by the Governor.

New Proposals

New Proposals										
-----Fiscal 2008-----					-----Fiscal 2009-----					
Sub Program	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
DP 6013 - 2009 Biennium Pay Plan - HB 13										
01	0.00	20,047	71,321	279,479	370,847	0.00	42,147	161,705	612,426	816,278
DP 6014 - Retirement Employer Contributions - HB 131										
01	0.00	596	2,287	7,287	10,170	0.00	634	2,375	7,533	10,542
DP 70105 - Rural Public Health Development Project										
01	0.00	75,000	0	0	75,000	0.00	0	0	0	0
DP 70112 - Grants to County Health Boards in Counties w/ Asb										
01	0.00	791,729	0	0	791,729	0.00	783,199	0	0	783,199
Total	0.00	\$887,372	\$73,608	\$286,766	\$1,247,746	0.00	\$825,980	\$164,080	\$619,959	\$1,610,019

DP 6013 - 2009 Biennium Pay Plan HB 13 - The legislature passed a pay plan (HB 13 of the 2007 regular session) that provides an additional 3.0 percent in FY 2008 and FY 2009, a 0.5 percent increase in the 10-year longevity increment, an additional 0.6 percent discretionary allocation, as well as an additional \$33 per month in health insurance contribution in FY 2008 and an additional \$36 per month in FY 2009. These amounts represent this program's allocation of costs to fund this pay plan.

DP 6014 - Retirement Employer Contributions HB 131 - The legislature adopted HB 131, which increases the employer contribution to retirement systems. The amounts shown represent this program's allocation of costs to fund this increased contribution.

DP 70105 - Rural Public Health Development Project - The legislature provided a \$75,000 biennial general fund appropriation to develop local solutions for creating public health infrastructure in rural and frontier counties in Montana. The funding supports work with local jurisdictions to address public health surge capacity in a large-scale event or emergency, including cooperation among various jurisdictions, and to develop basic orientation for boards of health and health officers.

DP 70112 - Grants to County Health Boards in Counties w/ Asb - The legislature included \$1.5 million general fund to support grants to county health boards in counties with a proliferation of tremolite asbestos-related diseases. The grants will provide benefits to individuals exposed to asbestos and supplements health care needs of those individuals with asbestos-related diseases who have limited resources. The one-time-only designation was made due to the potential for other funding from either ongoing litigation with W.R. Grace & Company and/or federal funding for asbestos-related diseases.

It also provides for administrative costs of \$74,928 which are restricted and one-time-only.

Sub-Program Details

CHRONIC DISEASE PREV & HEALTH PROMOTION 03

Sub-Program Legislative Budget

The following table summarizes the total legislative budget for the agency by year, type of expenditure, and source of funding.

Sub-Program Legislative Budget								
Budget Item	Base Budget Fiscal 2006	PL Base Adjustment Fiscal 2008	New Proposals Fiscal 2008	Total Leg. Budget Fiscal 2008	PL Base Adjustment Fiscal 2009	New Proposals Fiscal 2009	Total Leg. Budget Fiscal 2009	Total Leg. Budget Fiscal 08-09
FTE	35.02	0.00	8.00	43.02	0.00	8.00	43.02	43.02
Personal Services	1,333,939	387,702	429,703	2,151,344	394,147	431,798	2,159,884	4,311,228
Operating Expenses	6,198,354	22,493	1,481,277	7,702,124	27,038	1,479,494	7,704,886	15,407,010
Grants	4,998,295	112,000	2,468,100	7,578,395	112,000	2,468,100	7,578,395	15,156,790
Benefits & Claims	1,224,097	0	80,000	1,304,097	0	80,000	1,304,097	2,608,194
Total Costs	\$13,754,685	\$522,195	\$4,459,080	\$18,735,960	\$533,185	\$4,459,392	\$18,747,262	\$37,483,222
General Fund	564,626	33,363	0	597,989	34,458	0	599,084	1,197,073
State/Other Special	6,706,241	70,326	4,400,000	11,176,567	71,178	4,400,000	11,177,419	22,353,986
Federal Special	6,483,818	418,506	59,080	6,961,404	427,549	59,392	6,970,759	13,932,163
Total Funds	\$13,754,685	\$522,195	\$4,459,080	\$18,735,960	\$533,185	\$4,459,392	\$18,747,262	\$37,483,222

The Chronic Disease Prevention and Health Promotion 2009 biennium budget is about \$10.0 million higher over the biennium than the FY 2006 base budget. State special revenue increases about \$8.8 million over the period due to increases in the tobacco settlement special revenue fund used for tobacco prevention and cessation activities. Federal revenue increases almost \$1 million over the biennium, for the most part due to increases in federal categorical grants. General fund increases are not significant in this program.

The legislature approved a statutory change to the definition of programs for tobacco disease prevention to include chronic disease programs. The Best Practices for Comprehensive Tobacco Control Programs – August 1999 published by the U.S. Department of Health and Human Services, Centers for Disease Control and Prevention includes chronic disease programs to reduce the burden of tobacco-related disease as a major component of the recommended program elements for comprehensive tobacco control programs. The recommended funding level for Montana for chronic disease programs is \$2,791,000 each year. The legislature approved an additional \$2.7 million in tobacco settlement funds for chronic disease programs (See decision package 70109). The statutory change addressed LFD issues related to the legality of using tobacco settlement funds for chronic disease programs.

Present Law Adjustments

The “Present Law Adjustments” table shows the primary changes to the adjusted base budget approved by the legislature. “Statewide Present Law” adjustments are standard categories of adjustments made to all agencies. Decisions on these items were applied globally to all agencies. The other numbered adjustments in the table correspond to the narrative descriptions.

Present Law Adjustments										
-----Fiscal 2008-----						-----Fiscal 2009-----				
	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
Personal Services					459,436					466,151
Vacancy Savings					(71,734)					(72,004)
Inflation/Deflation					5,802					6,647
Fixed Costs					16,691					20,391
Total Statewide Present Law Adjustments					\$410,195					\$421,185
DP 70021 - Montana Comprehensive Cancer Control Program MCCCCP										
	0.00	0	0	112,000	112,000	0.00	0	0	112,000	112,000
Total Other Present Law Adjustments	0.00	\$0	\$0	\$112,000	\$112,000	0.00	\$0	\$0	\$112,000	\$112,000
Grand Total All Present Law Adjustments					\$522,195					\$533,185

DP 70021 - Montana Comprehensive Cancer Control Program MCCCCP - The legislature approved an increase in federal authority of \$112,000 for each year of biennium for MCCCCP. This authority will bring the base in line with the grant award.

New Proposals

New Proposals										
-----Fiscal 2008-----						-----Fiscal 2009-----				
Sub Program	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
DP 70017 - FTE Request for MT Breast & Cervical Health Prg										
03	1.00	0	0	59,080	59,080	1.00	0	0	59,392	59,392
DP 70106 - Tobacco Prevention Activities										
03	2.00	0	1,700,000	0	1,700,000	2.00	0	1,700,000	0	1,700,000
DP 70109 - Chronic Disease Programs										
03	5.00	0	2,700,000	0	2,700,000	5.00	0	2,700,000	0	2,700,000
Total	8.00	\$0	\$4,400,000	\$59,080	\$4,459,080	8.00	\$0	\$4,400,000	\$59,392	\$4,459,392

DP 70017 - FTE Request for MT Breast & Cervical Health Prg - The legislature provided for 1.00 FTE and federal spending authority to convert the current modified position of Montana Breast and Cervical Health Program (MBCHP) health educator to a permanent position. This position provides direction, technical assistance, and training for local MBCHP contractors, programs serving Montana's American Indians, and the network of MBCHP medical service providers.

DP 70106 - Tobacco Prevention Activities - The legislature provided for 1.00 FTE and \$1.7 million in state special revenue for each year of the biennium for Montana tobacco prevention activities. These funds support community-based programs, spit tobacco use prevention, college programs, additional quit-line activities, enhanced surveillance, and reducing smoking during pregnancy.

The funding provides:

- \$300,000 for twelve of the remaining Montana counties that currently do not have tobacco prevention funding for community-based efforts
- \$98,100 to fund Glacier, Big Horn, and Jefferson counties to support larger populations
- \$60,000 for salary and benefits for 1.00 FTE to manage, train, and offer technical assistance to the additional county programs
- \$200,000 to develop and implement a statewide public education campaigns focusing on spit tobacco use prevention

- \$240,000 to develop and implement a public education and awareness campaign focusing on the benefits of smoking cessation during pregnancy and where to go for help (e.g. provider and the Quit Line)
- \$200,000 to establish new college campus tobacco prevention programs
- \$381,900 to develop and implement ongoing statewide public education campaigns targeting youth
- \$120,000 to develop and implement targeted tobacco quit line outreach
- \$100,000 to enhance surveillance for tobacco prevention

Included in the goals and measurable objectives provided in the division template is the goal of reducing the prevalence of smoking among Montanans aged 18 to 24 years old from 25 percent to 23 percent by June 2009.

DP 70109 - Chronic Disease Programs - The legislature approved \$2.7 million each year of the biennium in state special revenue funds from the tobacco settlement funds dedicated to tobacco cessation and prevention activities to fund chronic disease programs to reduce the burden of tobacco related disease contingent on the passage of legislation to include chronic disease programs in the definition of programs for tobacco disease prevention.

The following information was utilized as part of the legislative decision making process, and will be used for ongoing program evaluation. It was submitted by the agency, edited by LFD staff for brevity and to include any legislative changes.

Primary Prevention of Diabetes and Heart Disease – (2 FTE and \$625,000 in FY 2008 and FY 2009)

The Public Health & Safety Division will establish programs in local health departments, community health centers, diabetes education programs, or other appropriate health care facilities to promote increased physical activity, improved nutrition, maintenance of ideal body weight and tobacco use cessation among persons at high risk for developing diabetes, who are also at elevated risk for heart disease, stroke and other complications. In addition, the funds would be used for the development of supportive technology and health education materials for these programs.

Justification: Heart disease and diabetes are leading causes of morbidity and mortality in Montana. One in four Montana adults are at risk for developing diabetes, as well as at elevated risk for heart disease, stroke and other complications. Among Montana American Indians the risk of dying of heart disease is 29 percent higher than among white Montanans, and the risk of dying of diabetes is 29 percent higher. The prevalence of overweight and obesity in Montana has continued to increase in Montana, which results in increasing number of Montanans with pre-diabetes, diabetes, metabolic syndrome, and increasing numbers of women with gestational diabetes. The Diabetes Prevention Program, a national study, has shown that with lifestyle intervention (healthy eating and increased physical activity), adults (including women with a history of gestational diabetes) can reduce their risk of developing diabetes by 58 percent and their future risk of developing heart disease and stroke.

In FY 2008 and FY 2009, \$625,000 and \$625,000 is requested to provide funding for the local pilot projects, and to cover the cost of the expert diabetes prevention consultants, training for the local site coordinators, and the salary and benefits for the state FTE, respectively.

Goal: To prevent diabetes, and cardiovascular disease among person at high risk for diabetes.

Performance Criteria and Milestones:

Objective 1 – Identify program sites and implement diabetes and heart disease prevention programs.

- Implement program in initial sites – December 31, 2007
- Enhance program in initial sites and initiate additional sites – July 1, 2008

Objective 2 - Develop and implement enhanced surveillance of risk factors and health behaviors among persons at high risk for developing diabetes and heart disease.

Objective 3 – Assess the clinical outcomes of persons enrolling in this program.

- Evaluate programs by June 30, 2009

FTE: 2 FTE

Funding: Master Settlement Agreement Funds

Obstacles: Recruiting qualified staff to deliver the program and implementing it consistent with protocols used in the national Diabetes Prevention Program study.

Risk: This is a contemporary public health issue that if not addressed, will result in widespread illness, disability and death in our state, as well as escalating health care costs. Not implementing these activities will lead to a continued increase in the number of Montanans with diagnosed diabetes, heart disease and stroke.

Improve Acute Stroke Care in Rural Montana – (\$625,000 in FY 2008 and FY 2009)

The Cardiovascular Health (CVH) Program will conduct projects with the Stroke-Doc telemedicine system. The projects would include four rural hospitals and four primary stroke centers. The system provides two-way audio/video communication allowing neurologist consultation with the local hospital; transmission of the patient's CT to the neurologist, and flexibility to do consults outside of the hospital. Existing telemedicine systems in Montana cannot meet these requirements. This pilot will help address the disparities in care that stroke patients face in rural Montana. For sustainability of the project, the CVH Program will work with the sites to identify potential funding sources once the pilot is completed. The CVH Program will also expand its public education campaigns to increase community awareness of the warning signs and risk factors for stroke and to increase community awareness of the need to call 911 when experiencing these warning signs.

Justification: Stroke is the third leading cause of death in Montana. Among Montana American Indians the risk of dying of stroke is 23 percent higher than among white Montanans. By identifying the signs and symptoms of ischemic stroke (80 percent of strokes are ischemic) early, timely administration of tissue plasminogen activator (tPA) therapy can lessen or even eliminate the permanent effects of a stroke. To be effective, this must be administered within 3 hours of a stroke. Data from a national stroke registry indicated that in 2005, only between 3 and 8.5 percent of ischemic stroke patients received tPA. These projects will allow timely consultation by a neurologist to rural areas of Montana. The public education campaign will improve recognition of the signs and symptoms of stroke in the general public, so persons can initiate timely access to health care.

In FY 2008 and FY 2009, \$625,000 and \$625,000 is requested to purchase the StrokeDoc system for the participating rural hospitals and to cover the cost of the statewide public education campaign.

Goals:

By June 2009, increase community awareness of the warning signs of acute stroke.

By June 2009, establish a baseline measure of the proportion of eligible persons with an acute ischemic stroke who receive thrombolytic therapy.

Performance Criteria and Milestones:

Objective 1 – Develop and implement programs to improve acute stroke care in rural Montana.

- Implement program in initial sites – December 31, 2007
- Enhance program in initial sites and expand to additional sites – July 1, 2008

Objective 2 - Develop and implement enhanced surveillance of acute ischemic stroke care in Montana.

- Evaluate program in new sites – June 30, 2009

FTE: Will use existing FTE.

Obstacles: None

Risk: Not implementing these activities will lead to a continued increase in the number of Montanans with long-term effects and even deaths from stroke.

Comprehensive Cancer Control – (2 FTE and \$1,100,000 in FY 2008 and FY 2009)

The Comprehensive Cancer Control Program at the Department of Public Health and Human Services in partnership with the Montana Comprehensive Cancer Control Coalition has prioritized strategies for the next 5 years. We are proposing to increase the efforts of the Montana Comprehensive Cancer Control Program MCCCCP, the Montana Breast and Cervical Health Program (MBCHP) and the Montana Central Tumor Registry (MCTR), using the strategies in the Montana Comprehensive Cancer Control Plan, primarily through contracted services with local and tribal health departments, community health centers, private medical service providers, and I.H.S. This request is for 2 new FTE and \$1,100,000 per year of the biennium.

Specific activities will include direct screening services to women at greatest risk for breast and cervical cancer; conducting regional and statewide needs assessments, public and professional education on screening and early detection, enhanced data collection, cancer surveillance and evaluation, outreach to disparate populations, particularly Montana's American Indian population.

Justification: Cancer is the second leading cause of death in Montana and at least 30% of these cancer deaths are attributable to tobacco use. Fifty percent of all cancer deaths are preventable. There are significant disparities in access to prevention, screening, early detection and treatment among Montana's populations in urban, rural, and frontier areas. American Indians in Montana are 42 percent higher risk of dying of cancer than white Montanans.

Goals and objectives:

Goal 1: By June 30, 2009, increase the number of women screened per fiscal year for breast and cervical cancer through the MBCHP by 1,500 – 2,000. (FY 2006 baseline: 3,500)

Performance Criteria and Milestones:

- Objective 1: Identify barriers to screening early detection, and treatment services.
- Objective 2: Increase compliance with and the number of Montanans screened using cancer-screening guidelines.
- Objective 3: Increase the cancer-screening services available to under-and uninsured Montanans.
 - o Implement comprehensive cancer control in local communities through contracts with local health departments, and MBCHP community based networks and medical service providers -- July 1, 2007
 - o Establish similar contracts on Montana Indian reservations for comprehensive cancer control – July 1, 2008
 - o Increase the number of women screened who are at risk for breast and cervical cancer – by June 30, 2009

Goal 2: By June 30, 2009, the Montana's Comprehensive Cancer Control Section will publish at least two reports per year describing cancer in Montana (Baseline: Montana has published tumor registry data sporadically)

Performance Criteria and Milestones:

- Objective 1: Develop and enhance cancer surveillance data through the BRFFS, the MCTR, and the MBCHP.
- Objective 2: Improve timeliness for reporting of reportable cancer cases within the year of diagnosis.
- Objective 3: Improve availability, accessibility and utilization of cancer-related data.
- Objective 4: Increase the percentage of cancer patients given care consistent with national treatment standards.
 - o Implement improvements in surveillance systems by June 30, 2008
 - o Publish reports by June 30, 2009.

FTE: 2 FTE

Funding FY 2008

- \$455,000 to enhance the current contracts with 13 local health departments to develop and implement cancer control activities. These would be performance based contracts, support at least .5 FTE, and would include responsibility to: work with medical service providers to promote compliance with screening guidelines; increase breast and cervical cancer screening in their service areas; assist with implementation of the statewide needs assessment described below; provide education on prevention, early detection and treatment; and expand their cancer coalition activities.
- \$115,000 to enhance the current MBCHP contracts with local health departments to recruit and provide screening support to 1000 women age 30 through 50.
- \$200,000 to pay medical service providers statewide for direct clinical screening and diagnostic services through the MBCHP for women age 30 through 40 for cervical cancer and 40 through 50 for breast and cervical cancer.
- \$85,000 contract awarded to conduct a needs assessment to identify barriers for all Montanans. Particularly barriers to screening, treatment (access to clinical trials) and end-of-life care. Would be coordinated with current work being done in limited communities.
- \$20,000 for Montana specific public awareness on screening and early cancer detection for breast, cervical, colorectal and prostate cancer, including materials for women 30-50 years of age who are never or rarely screened for cervical cancer.
- \$61,000 to purchase a Citrix server for the MCTR to contract with a programmer to enhance the MCTR data collection and reporting system to allow doctor's offices, clinics and hospitals to submit electronic data required through Montana statute.
- \$40,000 to contract with a programmer to enhance the MBCHP data collection and reporting system to allow local contractors to submit data and track and follow MBCHP clients electronically.
- \$124,000 (salary and benefits) for 1.00 cancer education coordinator and a 1.00 contract manager for the MCCCCP.

Funding FY 2009

- \$455,000 to continue the contracts with 13 local health departments to develop and implement cancer control activities. These would be performance based contracts, support at least .5 FTE, and would include responsibility to: work with medical service providers to promote compliance with screening guidelines; increase breast and cervical cancer screening in their service areas; assist with implementation of the statewide needs assessment described below; provide education on prevention, early detection and treatment; and expand their cancer coalition activities.
- \$172,500 to enhance the current MBCHP administrative site contracts with local health departments to recruit and provide screening support to 1500 women age 30 through 50.
- \$300,000 to pay medical service providers statewide for direct clinical screening and diagnostic services through the MBCHP to women age 30 through 40 for cervical cancer and 40 through 50 for breast and cervical cancer.
- \$172,500 to fund programs in each reservation community to develop and implement cancer control activities, similar to those described above with local health departments.

Evaluation: The community-based programs will be evaluated on quarterly and annual progress through performance based contracts. The number of women screened will be documented through the MBCHP data system. The timeliness and quality of MCTR data will be evaluated quarterly and reported annually.

Obstacles: Continuing to shift program focus from breast and cervical health to comprehensive cancer control.

Risk: Cancer is the second leading cause of death in Montana and if not addressed, will result in continued widespread morbidity, and escalating health care costs.

Asthma Surveillance and Control Project – (1 FTE and \$350,000 in FY 2008 and FY 2009)

Asthma is a common condition that currently cannot be prevented or cured. However, it can be controlled to help persons with asthma lead productive lives. The cornerstones of effective asthma control are: 1) following a thorough medical management plan and (2) avoiding contact with environmental substances (notably tobacco smoke) that trigger asthma

attacks. This project will establish surveillance for asthma, identify the risks associated with inadequately controlled asthma in Montana, and implement steps to improve the control of this controllable disease.

Justification: Effective asthma control can markedly decrease emergency department visits and hospitalizations for persons with asthma. This results in cost savings from decreased health care utilization. Even more importantly, effective control has been shown to improve the quality of life for persons with asthma. This improvement includes decreases in missed school and work days which allows students to learn and workers to be productive.

In FY 2008 and FY 2009, \$350,000 and \$350,000 is requested to provide funding for the local surveillance and quality improvement projects, and to cover the cost of the expert asthma physician consultant, quality improvement software and maintenance, and the salary and benefits for the two state FTEs, respectively.

Goal: Assess and improve control of asthma in Montana youth (aged (18 years)

Performance Criteria and Milestones:

Objective 1 – Establish surveillance for asthma visits in at least 6 emergency departments (3 in large city hospitals; 3 in small town hospitals), and produce/disseminate quarterly surveillance reports regarding asthma control in Montana.

- Implement ED surveillance by December 31, 2007

Objective 2 – Identify risk factors associated with emergency department use by young persons with asthma with particular emphasis on whether or not these persons have adequate written asthma management plans.

Objective 3 – Implement an Asthma Quality Care Management System in at least one physician office/clinic in each of the cities and towns in which emergency department surveillance has been established.

- Implement asthma quality improvement interventions – March 30, 2008
- Evaluate program – June 30, 2009

FTE: 1 FTE

Obstacles: Recruiting qualified staff.

Risk: This is a contemporary public health issue that if not addressed, will result in continued widespread morbidity, and escalating health care costs.

Sub-Program Details**FAMILY & COMMUNITY HEALTH 04****Sub-Program Legislative Budget**

The following table summarizes the total legislative budget for the agency by year, type of expenditure, and source of funding.

Sub-Program Legislative Budget								
Budget Item	Base Budget Fiscal 2006	PL Base Adjustment Fiscal 2008	New Proposals Fiscal 2008	Total Leg. Budget Fiscal 2008	PL Base Adjustment Fiscal 2009	New Proposals Fiscal 2009	Total Leg. Budget Fiscal 2009	Total Leg. Budget Fiscal 08-09
FTE	33.25	0.00	0.00	33.25	0.00	0.00	33.25	33.25
Personal Services	1,395,371	399,031	0	1,794,402	404,684	0	1,800,055	3,594,457
Operating Expenses	1,909,144	(4,891)	290,000	2,194,253	(969)	0	1,908,175	4,102,428
Grants	6,273,515	0	1,115,175	7,388,690	0	1,136,523	7,410,038	14,798,728
Benefits & Claims	10,032,584	(242,559)	646,548	10,436,573	(242,559)	852,714	10,642,739	21,079,312
Total Costs	\$19,610,614	\$151,581	\$2,051,723	\$21,813,918	\$161,156	\$1,989,237	\$21,761,007	\$43,574,925
General Fund	589,760	(27,406)	826,523	1,388,877	(27,109)	536,523	1,099,174	2,488,051
State/Other Special	959,517	(258,585)	787,790	1,488,722	(258,160)	978,004	1,679,361	3,168,083
Federal Special	18,061,337	437,572	437,410	18,936,319	446,425	474,710	18,982,472	37,918,791
Total Funds	\$19,610,614	\$151,581	\$2,051,723	\$21,813,918	\$161,156	\$1,989,237	\$21,761,007	\$43,574,925

The legislative budget for family and community health services increases about \$4.4 million over the FY 2009 biennium when compared to the FY 2006 base budget. Federal revenues support \$1.7 million of the increase and state special revenues add about \$1.2 million. The state special revenues fund additional support for the Genetics Program and public home health visits. General fund increases in FY 2008 for a new proposal related to WIC computer programming and one-time-only funding of family planning services.

The state special revenue funding for the Genetics Program was reduced by \$242,559 in FY 2008 and FY 2009 in the present law adjustments to reflect the statutory sunset of a \$0.30 per insurance policy increase used to fund the program. The legislature approved the elimination of the change in HB 278. This funding was included as part of DP 70024, \$279,616 state special revenue in FY 2008 and \$288,004 in FY 2009. Additional state special revenue funding of \$200,000 each year was included for the program to align appropriations with revenue. The effect of the three decision packages was to increase support for the Genetics Program by \$482,502 over the biennium. The legislature directed the division to ensure performance measures related to the number of people served and that the number and frequency of clinics provided be included as part of the contract for the program to address LFD issues with the use of additional funding in the previous biennium. In addition, HJR 47 as passed and approved requests an interim committee study on the funding, expenditures, and effectiveness of Montana's statewide Genetics Program.

The legislature approved additional support to expand the current panel of tests conducted at birth from 4 to 29. This program provides clinical diagnostic and support services for families and primary care providers of babies identified with an abnormal condition from the expanded panel of newborn screening tests.

The legislature also provided one-time-only support for family planning services of \$1.1 million in general fund. This funding is to provide assistance with higher costs for contraceptives provided by various family planning clinics throughout Montana.

Present Law Adjustments

The "Present Law Adjustments" table shows the primary changes to the adjusted base budget approved by the legislature. "Statewide Present Law" adjustments are standard categories of adjustments made to all agencies. Decisions on these items were applied globally to all agencies. The other numbered adjustments in the table correspond to the narrative descriptions.

Present Law Adjustments										
-----Fiscal 2008-----						-----Fiscal 2009-----				
	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
Personal Services					473,796					479,686
Vacancy Savings					(74,765)					(75,002)
Inflation/Deflation					1,681					1,846
Fixed Costs					(6,572)					(2,815)
Total Statewide Present Law Adjustments					\$394,140					\$403,715
DP 70104 - Reduce Base Level Funding For Genetics Program	0.00	0	(242,559)	0	(242,559)	0.00	0	(242,559)	0	(242,559)
Total Other Present Law Adjustments	0.00	\$0	(\$242,559)	\$0	(\$242,559)	0.00	\$0	(\$242,559)	\$0	(\$242,559)
Grand Total All Present Law Adjustments					\$151,581					\$161,156

DP 70104 - Reduce Base Level Funding For Genetics Program - The legislature included a reduction in the base level expenditure spending authority because the fee on insurance premiums to support the Montana Genetics Program will revert back to \$0.70 effective July 1, 2007. The fee was \$1.00 during the 2007 biennium and will be \$0.70 under current law. New proposal DP 70024 offsets this reduction based on the passage and approval of HB 278, which eliminated the sunset on the fee increase. Further increases to the appropriation were made in DP 70112, which aligns the appropriation to the budgeted revenues.

New Proposals

New Proposals										
-----Fiscal 2008-----						-----Fiscal 2009-----				
Sub Program	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
DP 70003 - WIC IT System Maintenance (BIEN/OTO)										
04	0.00	290,000	0	0	290,000	0.00	0	0	0	0
DP 70005 - Newborn Screening Follow-Up Program (Requires Legislation)										
04	0.00	0	129,522	37,410	166,932	0.00	0	290,000	74,710	364,710
DP 70014 - Youth Suicide Prevention Program										
04	0.00	0	0	400,000	400,000	0.00	0	0	400,000	400,000
DP 70023 - Family Planning Services (Restricted/OTO)										
04	0.00	536,523	0	0	536,523	0.00	536,523	0	0	536,523
DP 70024 - Genetics Program Funding										
04	0.00	0	279,616	0	279,616	0.00	0	288,004	0	288,004
DP 70103 - Tobacco Trust Fund Sup for Pblc Hlth Home Visits										
04	0.00	0	178,652	0	178,652	0.00	0	200,000	0	200,000
DP 70111 - Additional Genetic Program Funding (Restricted)										
04	0.00	0	200,000	0	200,000	0.00	0	200,000	0	200,000
Total	0.00	\$826,523	\$787,790	\$437,410	\$2,051,723	0.00	\$536,523	\$978,004	\$474,710	\$1,989,237

DP 70003 - WIC IT System Maintenance (BIEN/OTO) - The legislature provided \$290,000 of general fund to sustain the current WIC IT system until a USDA state agency model (SAM) is available to DPHHS. Estimated availability of the federal system is FY 2009 at the earliest, with roll out to states by FY 2010. This computerized system is used to maintain documentation on eligibility and reporting requirements, and to issue food instruments, which serve as currency for participants to obtain supplemental foods.

The following information was utilized as part of the legislative decision making process, and will be used for ongoing program evaluation. It was submitted by the agency, edited by LFD staff for brevity and to include any legislative changes.

Justification: To sustain current system until a USDA state agency model acceptable to DPHHS is available and to make the current system more compatible with modern hardware and software. The extraction of information outside of preset definitions is cumbersome and requires the time and expertise of the programmers.

Goal: The goal of this request is for the WIC program to continue to use their existing statewide computer networked program until a new federal system can be acquired in FY 2009 or FY 2010.

Performance Criteria:

- Computer Programmer – a contract position to work on the WIC computer program to make adjustments and upgrades
- Planning contractor – to assist the WIC Program in planning and applying for a new WIC computer system.

Milestones:

- To keep the state office and the ninety-nine local clinics computer program running until a new system can be acquired.
- Complete and receive approval of the WIC Information System Planning Advance Planning Document by May 2008.

FTE: No additional FTE are requested. Existing DPHHS staff will monitor the program.

Funding: 100 percent general fund. Federal funds for database changes are not available as these resources are currently being used to develop the new federal SAM.

Obstacles:

- Current system is twelve years old and written in computer languages that are no longer used.
- Staffing – it is difficult to hire programmers who can work on the current system because of the outdated programming language.
- Currently there is not enough staff time to maintain system and revise programming.
- Current system does not collect/report required data for the program, including racial/ethnic data.
- Current system is not able to produce reports needed for the WIC Program and for other special requests that are made.

Risk:

- Loss of benefits to participants should the system fail.
- Loss of accountability for participant data and reporting to USDA.
- Loss of accountability for food benefits issued and redeemed which is approximately \$1,000,000 per month. This includes the data retained in the system, submitted to the financial institution and USDA. Jeopardizing our USDA grant with the possibility of the State having to assume the responsibility for outstanding liabilities.

DP 70005 - Newborn Screening Follow-Up Program (Requires Legislation) - The legislature approved \$129,522 in FY 2008 and \$290,000 in FY 2009 in state special revenue derived from tobacco trust fund interest to support a comprehensive newborn screening follow-up program. In addition, \$37,410 in FY 2008 and \$74,710 in federal special revenue was also appropriated for the program. Funding supports expansion of the current panel of tests conducted at birth from 4 to 29. This program will provide clinical diagnostic and support services for families and primary care providers of babies identified with an abnormal condition from the expanded panel of newborn screening tests.

The following information was utilized as part of the legislative decision making process, and will be used for ongoing program evaluation. It was submitted by the agency, edited by LFD staff for brevity and to include any legislative changes.

Justification: The Maternal and Child Health Bureau of the federal Department of Health and Human Services recommends national adoption of a mandatory panel of 29 tests in order to ensure that all babies born in the United

States have equal access to the same screenings. Implementation of these national standards in Montana would require the addition of 24 tests currently available on an optional basis and mandatory hearing screening for all babies born in Montana. This expansion will require expanding newborn services available to the families and physicians of the babies who are screened and diagnosed as positive for the conditions tested.

Goal: Assure the availability of clinical diagnostic and support services for babies identified with an abnormal condition from the expanded panel of newborn screening tests.

Performance Criteria:

- Beginning in FY 2008, expand the newborn screening mandatory panel to 28 tests and hearing screening through department rule
- Beginning in FY 2008, contract for clinic consultation and family consultation for conditions identified from expanded panel of tests

Milestones:

- By June 30, 2008, ensure that all babies born in Montana receive the full panel of mandatory tests for inborn errors of metabolism and other conditions detected by blood sample testing
- By June 30, 2008 ensure that all babies born in Montana with conditions identified through the mandatory expanded panel of tests have access to appropriate clinical and family consultation services

FTE: No additional FTE are included in this request. Follow up program services would be contracted via RFP.

Funding: 100 percent tobacco trust fund interest funds. Allocated as follows using contracted services:

Item	Tests	Costs
Metabolic specialist (MD)	Clinic consultation	\$100,000
Nutritionist 0.5 FTE @ \$75,000/FTE)	Clinic and family consultation	\$37,500
Nurse Coordinator (0.5 FTE at \$70,000/FTE)	Clinic and family consultation	\$35,000
Family Support	Clinic and family consultation	\$30,000
Genetic Counseling (0.5 FTE)	Clinic and family consultation	\$37,500
Resources and training		\$50,000
TOTAL		\$290,000

Obstacles: Limited resources are available in-state for children with metabolic conditions. Implementation may require a request for proposal at a regional level.

Risk: Failure to implement the national standard for newborn screening for inborn errors of metabolism and other recommended conditions detected by blood sample testing will result in babies born with conditions remaining undetected unless the specific optional test is ordered by the baby's physician.

DP 70014 - Youth Suicide Prevention Program - The legislature provided for \$400,000 in federal spending authority for each year of biennium to support youth suicide prevention efforts in Montana. This funding will be used specifically to lower the rate of suicide among youth and young adults in Montana, ages 10-24. This program provides resources to communities to support and promote youth suicide prevention efforts. Federal guidelines for the grant require 85 percent of funding be expended at the local level. In Montana, \$342,460 of the \$400,000 will be contracted to communities and institutions of higher learning, including funding for the project evaluator through MSU, a public awareness campaign, and training of medical providers.

The following information was utilized as part of the legislative decision making process, and will be used for ongoing program evaluation. It was submitted by the agency, edited by LFD staff for brevity and to include any legislative changes.

Justification: Suicide is a major statewide public health problem in Montana. Montana has ranked in the top five states with the highest rates of suicide for the past 20 years. Suicide profoundly affects individuals, families, workplaces, neighborhoods, and societies. For each completed suicide, the lives of at least six other people are deeply impacted. The economic costs alone associated with suicide and self inflicted injuries in Montana are estimated at over \$103 million dollars (Children's Safety Network 2005).

Goal: Montana seeks to prevent both fatal and non-fatal suicidal behaviors among youth and young adults 10-24 years of age. The proposed approach builds on the foundation of prior statewide youth suicide prevention efforts to develop and implement youth suicide prevention and early intervention strategies, grounded in public and private collaboration.

Performance Criteria:

Objective #1 – Improve access to and availability of appropriate prevention services for vulnerable youth in at least six and no more than 15 communities, tribes, and institutions of higher learning projects

Objective #2 – Increase access to and community linkages with mental health and substance abuse service systems serving youth and young adults

Objective #3 – Implement activities for an ongoing public information and awareness campaign to promote awareness that suicide is a public health problem and it is preventable

Objective #4 – Establish a process that promotes effective clinical and professional practices, and oversees and supports suicide prevention activities at local and state levels

Milestones:

- Increase access to and community linkages with mental health and substance abuse service systems serving youth and young adults – Ongoing
- Formation of a statewide Task Force – Initial meeting January 2007 with quarterly meetings
- Public Information and Awareness – Ongoing
- Promotion of effective clinical and professional practices, and oversight and support of suicide prevention activities at local and state levels - Ongoing

FTE: No additional FTE is requested as existing DPHHS staff will monitor the program.

Funding: 100 percent federal funding

Obstacles:

- Lack of statewide coordination - Currently there is a lack of a statewide, strategic effort to link assets and build a stronger network of resources to address youth and young adult suicide as a major statewide public health priority. This grant funding will assist DPHHS in moving forward with the strategic effort
- Montana demographics and geography - Montana is a large frontier state with many isolated communities.
- Suicide risk factors - Montana has a high availability of lethal means, including firearms, that increase the potential lethality of impulsive suicidal behaviors
- Lack of mental health providers and treatment facilities

Risk: The suicide rate among youth in Montana will continue to be one of the highest in the nation without coordinated prevention efforts in Montana communities. The individuals and agencies that are currently addressing suicide often do so from their own unique perspective and to meet their own special needs. There needs to be a statewide, strategic effort to link these many assets together and to build a stronger network of resources to address suicide as a major statewide public health priority. This will not happen without this funding.

DP 70023 - Family Planning Services (Restricted/OTO) - The legislature provided a restricted, one-time-only general fund appropriation to provide support for family planning services to assist with the higher cost of providing contraceptives.

DP 70024 - Genetics Program Funding - The legislature includes additional state special revenue of \$279,616 in FY 2008 and \$288,004 in FY 2009 to fund the Genetics Program. The funding is due the passage and approval of HB 278, which eliminated the sunset provision for an increase in the fee on insurance premiums to support the Montana Genetics Program. The fee was \$1.00 during the 2007 biennium, which was continued in the 2009 biennium. This decision package offsets the reduction included in DP 70104 above.

DP 70103 - Tobacco Trust Fund Sup for Pblc Hlth Home Visits - The legislature provided \$178,652 in FY 2008 and \$200,000 in FY 2009 in Tobacco Trust Fund interest funds to support public health home visits (PHHV). Family and community health will use new PHHV funding for additional public health home visiting sites and to increase funding to existing PHHV sites in order to expand home visiting services by providing intensive case management to pregnant women who are at risk for using substances while pregnant. These services are currently provided under the MIAMI program.

Family and community health contracts with 14 counties and two tribal nations to provide home visiting/community based services for high-risk pregnant women and infants. The objectives of the program are to:

- Improve pregnancy outcomes in service areas.
- Improve family functioning in target populations served.
- Monitor and improve the home environment of pregnant women and infants in the target population, considering environmental, economic, psychosocial, and medical risks.
- Decrease the incidence and impact of drug and alcohol use and abuse in the target populations

DP 70111 - Additional Genetic Program Funding (Restricted) - The legislature included increased state special revenue authority for the Genetics Program to align spending authority with revenue collections.

Sub-Program Details

COMMUNICABLE DISEASE CONTROL & PREV 05

Sub-Program Legislative Budget

The following table summarizes the total legislative budget for the agency by year, type of expenditure, and source of funding.

Sub-Program Legislative Budget								
Budget Item	Base Budget Fiscal 2006	PL Base Adjustment Fiscal 2008	New Proposals Fiscal 2008	Total Leg. Budget Fiscal 2008	PL Base Adjustment Fiscal 2009	New Proposals Fiscal 2009	Total Leg. Budget Fiscal 2009	Total Leg. Budget Fiscal 08-09
FTE	30.68	0.00	0.00	30.68	0.00	0.00	30.68	30.68
Personal Services	1,314,696	216,343	0	1,531,039	222,246	0	1,536,942	3,067,981
Operating Expenses	1,046,634	20,014	0	1,066,648	24,146	0	1,070,780	2,137,428
Equipment	16,900	0	0	16,900	0	0	16,900	33,800
Grants	2,278,933	0	60,000	2,338,933	0	460,000	2,738,933	5,077,866
Benefits & Claims	625,360	0	150,000	775,360	0	150,000	775,360	1,550,720
Total Costs	\$5,282,523	\$236,357	\$210,000	\$5,728,880	\$246,392	\$610,000	\$6,138,915	\$11,867,795
General Fund	514,164	57,591	150,000	721,755	59,012	150,000	723,176	1,444,931
State/Other Special	744,518	91,610	60,000	896,128	93,463	460,000	1,297,981	2,194,109
Federal Special	4,023,841	87,156	0	4,110,997	93,917	0	4,117,758	8,228,755
Total Funds	\$5,282,523	\$236,357	\$210,000	\$5,728,880	\$246,392	\$610,000	\$6,138,915	\$11,867,795

The Communicable Disease and Prevention 2009 biennium budget is about \$1.3 million higher over the biennium than the FY 2006 base budget. Federal special revenues increase \$0.2 million and state special revenues increase about \$0.7 million over the period. The increase in state special revenue in FY 2009 includes support for HPV vaccine funded with tobacco settlement interest. General fund increases about \$0.4 million, of which \$0.3 million is due to increased funding for HIV medications. The remainder of the increase is due to present law adjustments.

Present Law Adjustments

The "Present Law Adjustments" table shows the primary changes to the adjusted base budget approved by the legislature. "Statewide Present Law" adjustments are standard categories of adjustments made to all agencies. Decisions on these items were applied globally to all agencies. The other numbered adjustments in the table correspond to the narrative descriptions.

Present Law Adjustments									
-----Fiscal 2008-----					-----Fiscal 2009-----				
FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
Personal Services				280,136					286,283
Vacancy Savings				(63,793)					(64,037)
Inflation/Deflation				3,205					3,473
Fixed Costs				16,809					20,673
Total Statewide Present Law Adjustments				\$236,357					\$246,392
Grand Total All Present Law Adjustments				\$236,357					\$246,392

Statewide present law adjustments for personal services show an annual 21 percent increase over the personal services base budget amount. About \$100,000 is attributable to annualization of the pay plan approved in HB 447 of the 2005 Legislature. The remaining \$180,000 is due to restoration of funding for base year vacancies. During FY 2006 family and community health had an overall vacancy rate in authorized FTE hours of 16.5 percent.

New Proposals

New Proposals										
Sub Program	-----Fiscal 2008-----					-----Fiscal 2009-----				
	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
DP 70007 - HIV Treatment Funding Request										
05	0.00	150,000	0	0	150,000	0.00	150,000	0	0	150,000
DP 70016 - FCSS Spending Authority for Pool Inspections (Requires Legislation)										
05	0.00	0	60,000	0	60,000	0.00	0	60,000	0	60,000
DP 70110 - HPV Vaccine (Restricted/OTO)										
05	0.00	0	0	0	0	0.00	0	400,000	0	400,000
Total	0.00	\$150,000	\$60,000	\$0	\$210,000	0.00	\$150,000	\$460,000	\$0	\$610,000

DP 70007 - HIV Treatment Funding Request - The legislature provided an increase of \$150,000 general fund for each year of the biennium for HIV treatment. As of October 2006, there were 22 individuals waiting to be enrolled into the Montana AIDS Drug Assistance Program (ADAP). Additional funds will allow the department to supply some of the individuals with HIV medications using the significant ADAP discount. Currently, general fund is used to cover federal funding gaps and to meet a 1:4 state federal match. The current average cost for HIV medication through ADAP is \$8,811 per person per year. The increased funding will create 16 additional ADAP slots and sustain that increased enrollment for two years.

The following information was utilized as part of the legislative decision making process, and will be used for ongoing program evaluation. It was submitted by the agency, edited by LFD staff for brevity and to include any legislative changes.

Justification: ADAP medications are purchased using a federally-negotiated discount and cost even less than Medicaid-funded drugs. HIV treatment funds permit Montana to access supplemental federal funds by meeting a 1:4 state/federal match, and thus take full advantage of the cost-effective ADAP discount. Reduced federal funding over the last two years, combined with rising prescription costs and increased eligible clients, has led an ADAP waiting list of over 20 Montanans. Some have been waiting to be enrolled for as long as 18 months.

Goals:

- Reduce HIV morbidity and mortality by preventing progression to AIDS
- Reduce transmission risk by lowering viral load: a less infectious person lowers public health risk.
- Improve client health, quality of life, and productivity
- Decrease the need for expensive inpatient care

Performance Criteria:

- Increase current combined amount of federal and state funding to allow a total enrollment of 87 persons
- Decrease waiting list by 75 percent

Milestones:

- By December 2007, enroll 16 new persons onto ADAP
- Through June of 2008, maintain new enrollment level average of 87 ADAP clients per month

FTE: No additional FTE requested, existing DPHHS staff will monitor the program.

Funding: 100 percent general fund.

Obstacles: Since there is an established waiting list at this time the department will be able to provide service immediately to those in need with no known obstacle.

Risk: Continued under-funding could lead to an unmanageable waiting list number and possible serious health consequences. No patients have gone without medicines to date because of a process to get donated medicines. However, this process is burdensome, unpredictable, and dependent on providers outside of our control. For the HIV infected person to have a well controlled virus requires high adherence to a treatment regimen including a stable and reliable supply of medications. The waiting list puts some individuals at risk for not receiving a supply of medications.

DP 70016 - FCSS Spending Authority for Pool Inspections (Requires Legislation) - The legislature provided for \$60,000 in state special revenue spending authority for each year of the biennium to allow Food and Consumer Safety to recover costs associated with inspections performed by PHSD employees. Many health departments defer the inspection and implementation of pool and spa programs to PHSD and the division will use the authority for the additional revenue to cover personnel costs associated with the maintenance of the program.

DP 70110 - HPV Vaccine (Restricted/OTO) - The legislature included a restricted one-time-only appropriation of tobacco settlement interest in FY 2009 to provide HPV vaccine to uninsured or underinsured Montanans.

Sub-Program Details

LAB 07

Sub-Program Legislative Budget

The following table summarizes the total legislative budget for the agency by year, type of expenditure, and source of funding.

Sub-Program Legislative Budget								
Budget Item	Base Budget Fiscal 2006	PL Base Adjustment Fiscal 2008	New Proposals Fiscal 2008	Total Leg. Budget Fiscal 2008	PL Base Adjustment Fiscal 2009	New Proposals Fiscal 2009	Total Leg. Budget Fiscal 2009	Total Leg. Budget Fiscal 08-09
FTE	28.27	0.00	0.00	28.27	0.00	0.00	28.27	28.27
Personal Services	1,340,071	107,945	0	1,448,016	112,705	0	1,452,776	2,900,792
Operating Expenses	1,610,929	184,880	50,000	1,845,809	196,109	50,000	1,857,038	3,702,847
Equipment	109,381	0	145,000	254,381	0	145,000	254,381	508,762
Total Costs	\$3,060,381	\$292,825	\$195,000	\$3,548,206	\$308,814	\$195,000	\$3,564,195	\$7,112,401
General Fund	172,695	9,038	45,000	226,733	9,769	45,000	227,464	454,197
State/Other Special	2,465,337	261,290	100,000	2,826,627	274,311	100,000	2,839,648	5,666,275
Federal Special	422,349	22,497	50,000	494,846	24,734	50,000	497,083	991,929
Total Funds	\$3,060,381	\$292,825	\$195,000	\$3,548,206	\$308,814	\$195,000	\$3,564,195	\$7,112,401

The Laboratory Services Bureau 2009 biennium legislative budget increases about \$1 million over the biennium, split between general fund and state special revenue from laboratory testing fees. State special revenue for the program is generated through fees assessed for laboratory tests in both the environmental and public health laboratories. The legislature approved funding increases to support additional laboratory equipment purchases.

Present Law Adjustments

The "Present Law Adjustments" table shows the primary changes to the adjusted base budget approved by the legislature. "Statewide Present Law" adjustments are standard categories of adjustments made to all agencies. Decisions on these items were applied globally to all agencies. The other numbered adjustments in the table correspond to the narrative descriptions.

Present Law Adjustments									
-----Fiscal 2008-----					-----Fiscal 2009-----				
FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
Personal Services				168,278					173,239
Vacancy Savings				(60,333)					(60,534)
Inflation/Deflation				282					296
Fixed Costs				54,598					65,813
Total Statewide Present Law Adjustments				\$162,825					\$178,814
DP 70011 - Increase Spending Authority for Laboratory									
0.00	0	130,000	0	130,000	0.00	0	130,000	0	130,000
Total Other Present Law Adjustments									
0.00	\$0	\$130,000	\$0	\$130,000	0.00	\$0	\$130,000	\$0	\$130,000
Grand Total All Present Law Adjustments				\$292,825					\$308,814

DP 70011 - Increase Spending Authority for Laboratory - The legislature approved \$130,000 for each year of biennium in state special spending authority to meet projected increases in the DPHHS laboratory supply expenses.

New Proposals

New Proposals										
Sub Program	-----Fiscal 2008-----					-----Fiscal 2009-----				
	FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
DP 70002 - Ongoing Lab Equipment Replace & Maintenance (OTO)										
07	0.00	45,000	100,000	0	145,000	0.00	45,000	100,000	0	145,000
DP 70013 - Food Emergency Response Network Grant										
07	0.00	0	0	50,000	50,000	0.00	0	0	50,000	50,000
Total	0.00	\$45,000	\$100,000	\$50,000	\$195,000	0.00	\$45,000	\$100,000	\$50,000	\$195,000

DP 70002 - Ongoing Lab Equipment Replace & Maintenance (OTO) - The legislature provided an increase of \$45,000 in general fund and \$100,000 in state special revenue for each year of the biennium to support state laboratory infrastructure. This infrastructure support is for equipment and instrument replacement and maintenance in the DPHHS Laboratory Services Bureau along with support for supplies and training for specialized testing.

The equipment that will be replaced in the 2009 biennium includes:

- Total organic carbon analyzer \$25,000
- Alkalinity/PH/conductivity system \$35,000
- Inductively coupled plasma spectrophotometer for measuring metals in water \$120,000
- Flow injection autoanalyzer for measuring anions in water \$45,000
- Analytical microbalance for air monitoring \$20,000
- Smaller instruments such as a muffle furnace, a water bath, 2 incubators, a mechanical convection oven, an analytical balance, 6 computer work stations, and a laboratory refrigerator \$45,000
- Automated serology analyzer to detect antibodies to infectious diseases is needed to modernize testing procedures \$60,000

DP 70013 - Food Emergency Response Network Grant - The legislature provided an increase in federal authority of \$50,000 for each year of biennium for the Food Emergency Response Network (FERN) grant. The authority will bring the base in line with the expected grant award. The Laboratory Services Bureau was funded by a federal grant from USDA in September 2005 to enhance capacity for the laboratory for Food Emergency Response Network (FERN). The grant funding is expected to continue through the 2009 biennium. The funding is for laboratory equipment and supplies related to testing foods for bacterial pathogens.

Sub-Program Details

PUBLIC HEALTH SYS IMPROV & PREPAREDNESS 09

Sub-Program Legislative Budget

The following table summarizes the total legislative budget for the agency by year, type of expenditure, and source of funding.

Sub-Program Legislative Budget								
Budget Item	Base Budget Fiscal 2006	PL Base Adjustment Fiscal 2008	New Proposals Fiscal 2008	Total Leg. Budget Fiscal 2008	PL Base Adjustment Fiscal 2009	New Proposals Fiscal 2009	Total Leg. Budget Fiscal 2009	Total Leg. Budget Fiscal 08-09
FTE	30.79	0.00	0.00	30.79	0.00	0.00	30.79	30.79
Personal Services	1,424,729	191,317	0	1,616,046	197,174	0	1,621,903	3,237,949
Operating Expenses	2,380,530	(56,114)	0	2,324,416	(51,746)	0	2,328,784	4,653,200
Equipment	122,281	0	0	122,281	0	0	122,281	244,562
Grants	5,387,536	1,541,925	0	6,929,461	1,541,925	0	6,929,461	13,858,922
Benefits & Claims	5,034	0	0	5,034	0	0	5,034	10,068
Total Costs	\$9,320,110	\$1,677,128	\$0	\$10,997,238	\$1,687,353	\$0	\$11,007,463	\$22,004,701
General Fund	20,150	1,239	0	21,389	1,276	0	21,426	42,815
State/Other Special	8,404	65,517	0	73,921	65,532	0	73,936	147,857
Federal Special	9,291,556	1,610,372	0	10,901,928	1,620,545	0	10,912,101	21,814,029
Total Funds	\$9,320,110	\$1,677,128	\$0	\$10,997,238	\$1,687,353	\$0	\$11,007,463	\$22,004,701

The 2009 biennium budget for the Public Health System Improvement and Preparedness function increases about \$3.4 million when comparing the 2009 biennium with the FY 2006 base budget. The increases result from federal revenues of \$1.8 million per year for pandemic flu preparation and response, partially offset by a decrease of \$0.4 million due to loss of the federal environmental health tracking grant.

Present Law Adjustments

The "Present Law Adjustments" table shows the primary changes to the adjusted base budget approved by the legislature. "Statewide Present Law" adjustments are standard categories of adjustments made to all agencies. Decisions on these items were applied globally to all agencies. The other numbered adjustments in the table correspond to the narrative descriptions.

Present Law Adjustments									
-----Fiscal 2008-----					-----Fiscal 2009-----				
FTE	General Fund	State Special	Federal Special	Total Funds	FTE	General Fund	State Special	Federal Special	Total Funds
Personal Services				258,651					264,754
Vacancy Savings				(67,334)					(67,580)
Inflation/Deflation				3,500					4,140
Fixed Costs				7,874					10,799
Total Statewide Present Law Adjustments				\$202,691					\$212,113
DP 70015 - Public Health Emergency Preparedness	0.00	0	1,800,000	1,800,000	0.00	0	0	1,800,000	1,800,000
DP 70018 - BRFSS Spending Authority Increase	0.00	0	40,000	40,000	0.00	0	0	40,000	40,000
DP 70023 - BRFSS-02 Fee Account Continued Spending Authority	0.00	0	65,000	65,000	0.00	0	65,000	0	65,000
DP 70101 - Reduce Budget for Environmental Pub Hlth Tracking	0.00	0	(430,563)	(430,563)	0.00	0	0	(429,760)	(429,760)
Total Other Present Law Adjustments	0.00	\$0	\$65,000	\$1,474,437	0.00	\$0	\$65,000	\$1,410,240	\$1,475,240
Grand Total All Present Law Adjustments				\$1,677,128					\$1,687,353

DP 70015 - Public Health Emergency Preparedness - The legislature included \$1.8 million per year of biennium for federal spending authority for Montana to prepare for and respond to a pandemic flu event.

The following information was utilized as part of the legislative decision making process, and will be used for ongoing program evaluation. It was submitted by the agency, edited by LFD staff for brevity and to include any legislative changes.

Justification: The U.S. Centers for Disease Control and Prevention (CDC) provides funding to assist state and local agencies prepare for an influenza pandemic. Funding is allocated to each state on a population based formula and requires state and local jurisdictions to complete assessments intended to measure local response capabilities, and develop and exercise a variety of response plans to ensure a coordinated response to an influenza pandemic.

Goals: To ensure a coordinated effort among state and local response agencies to ensure that systems are in place to protect the public health in the event of a pandemic influenza outbreak.

Performance Criteria: During the contract period DPHHS will have received and evaluated progress reports and work plans from 58 jurisdictions (51 county health and 7 tribal) receiving funding for pandemic influenza planning efforts. State and local contractors will conduct drills and exercises to ensure that information is available for prescribed performance measures by CDC. Contractors will plan drills and exercises that stress their routine and urgent response systems to ensure that they are building capacity for larger events.

Milestones: Each year of the biennium the division will provide specific guidance for pandemic influenza preparedness to local and tribal agencies. Agencies will submit work plans and, in some cases, refined response plans. The State of Montana has data systems in place to accurately capture required information and report requested information to the CDC.

FTE: No additional FTE are requested. Existing DPHHS staff will monitor the program.

Funding: 100 percent Federal funding

Obstacles: Demand on local agencies related to emergency preparedness and pandemic influenza are increasing and smaller jurisdictions may have trouble developing adequate plans. DPHHS and partners agencies will continue to assist as needed to help ensure each area develops reasonable emergency response plans.

Risk: Failure to develop and exercise plans supported through this funding would increase the likelihood of illnesses and deaths in the event of an influenza pandemic.

DP 70018 - BRFSS Spending Authority Increase - The legislature increased federal authority \$40,000 for each year of biennium for the behavioral risk factor surveillance system (BRFSS). This authority is to balance the base with the expected grant award. Increased funding includes: increased costs of administering the survey with a contracted survey company, increased sample size of Montana adults (6,000) to allow for meaningful subpopulation/regional analyses, and an over-sampling of Montana's Native American population in order to understand high-risk populations and the relationship between behaviors and health outcomes.

DP 70023 - BRFSS-02 Fee Account Continued Spending Authority - The legislature provided \$65,000 in state special revenue for each year of the biennium for the BRFSS fee account. When a program requests the addition of new items to the BRFSS survey, fees are collected to help support some of the state effort for the collaborative agreement with CDC/BSB. As a collaborative agreement, the BRFSS data users who request items be placed on the annual on-going survey are expected to help pay for such services through their own program funds.

DP 70101 - Reduce Budget for Environmental Pub Hlth Tracking - The legislature included a reduction in federal authority to the base budget of \$430,463 for each year of the biennium for an environmental public health tracking grant. Montana was not granted funds for the implementation phase of the program and the program will not continue.